

BOLSOVER



ANNUAL REPORT

OF THE

Medical Officer of Health

ON THE

HEALTH & SANITARY CONDITION

of the

URBAN DISTRICT OF BOLSOVER

for the Year

1942

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(DERBYSHIRE)



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Bolsover Urban District Council.

PUBLIC HEALTH STAFF, 1942.

Medical Officer of Health.

DR. A. H. WEAR, M.D., D.P.H., B.Hy.
Dale Close, 100, Chesterfield Road South, Mansfield.
(Tel. No. 811 Mansfield).

Deputy Medical Officer (Part-time).

DR. JOHN BENJAMIN MCKAY, M.B., Ch.B.

Sanitary Inspector (Full-time).

(Certified Inspector of Meat and other Foods, and Inspector under Shops Acts and Petroleum Acts).

ERNEST BOOTH, C.R.S.I., M.S.I.A.
From 1st November, 1930.
Tel. No. 5 Bolsover.
(Council Offices).

Other Full-time Chief Officers of the Council.

Clerk and Accountant, etc.

W. VEEVERS (from Feb. 19th, 1934).

Surveyor and Housing Architect and Cleansing Supt.

SYDNEY HOTEN (from 12th August, 1919).

Collector—

G. H. HALEY (from 1st Feb., 1937).

Manager of Electricity Undertaking—

ARTHUR HODGSON (from 15th Sept., 1927).

Baths Superintendent—

HENRY SENIOR (from 20th July, 1925).

PREFACE.

TO THE CHAIRMAN AND MEMBERS OF THE BOLSOVER
URBAN DISTRICT COUNCIL.

MR. CHAIRMAN, LADY AND GENTLEMEN,

I have pleasure in submitting my Report on the Health and Sanitary conditions of your district for the year 1942.

Apart from scabies and an increase in the notification of scarlet fever, the health of the district has remained extremely good ; this is remarkable considering we are now in the fourth year of the war.

May I take this opportunity of acknowledging with thanks the assistance received during the year from the Members and Officials of the Council.

I am,

Your obedient Servant,

A. H. WEAR,

Medical Officer of Health.

“ Dale Close,”
100, Chesterfield Road South,
Mansfield.

SECTION A.

Statistics of the Area

Area (acres) .....	.....	4,526
Rateable Value, 1942 .....	.....	£48,479
Sum represented by a Penny Rate, 1942 .....	.....	£181

Social Conditions.

As stated in previous reports, the social conditions are mainly industrial, the chief occupation of the inhabitants being coal mining.

Chief Causes of Invalidity in the District.

Scabies still continues to be the most common cause of invalidity in this area. There is no doubt that the disease has increased very considerably as the result of the war. Although there are large numbers having treatment the position is more reassuring in that the treatment given is more efficient and cases can be cured rapidly by two or, at the most, three baths. This year 174 persons, as compared with 79 in 1941, received treatment in this district.

There has also been an increase in the number of cases of verminous heads amongst children. This is partly due to the fact that large numbers of mothers are on war work and have not the time to look after their little ones properly.

Vital Statistics

BIRTHS.

LIVE BIRTHS.

Total Males Females

Legitimate	... 209	119	90	Birth-rate per 1,000 of the estimated resident population 22.1.
Illegitimate 5	4	1	

STILL BIRTHS.... 10 5 5 { Rate per 1,000 total
 (live and still) births,
 44.6.

	Total	Males	Females	
DEATHS	77	50	27	{ Death-rate per 1,000 of the estimated resident population, 7.9.

Deaths from puerperal causes (Heading 29 and 30 of the Registrar-General Short List) :—

	Deaths.	Rate per 1,000 Total (Live and Still) Births.
No. 29 Puerperal Sepsis....	—	—
No. 30 Other puerperal causes	1	4.4
Total	1	4.4

In this area during 1942 Heart Disease caused 14 deaths (7 males and 7 females), Cancer 10 (6 males and 4 females), Tuberculosis 5, Syphilis 1, Pneumonia 3, and Bronchitis 3. There were 5 Violent Deaths, but not one death occurred from Road Traffic Accidents.

DEATH-RATE OF INFANTS UNDER ONE YEAR OF AGE :—

All infants per 1,000 live births	37.3
Legitimate infants per 1,000 legitimate live births	33.4
Illegitimate infants per 1,000 illegitimate live births	200

The Infant Mortality rate for England and Wales is 49 compared with 59, 58 and 53 in the pre-war years of 1936, 1937 and 1938. It is really remarkable that the figure for the whole country is so much lower than it was before the war, and speaks well for the health of the people.

Birth-rate, Death-rate, and Analysis of Mortality during the Year 1942.

General Provisions of Health Services in the Area

Laboratory Facilities.

No changes or developments have been made in connection with laboratory facilities. The number of types of specimens dealt with by the County Laboratories were as follows :—

	Positive	Negative	Total
Enterica—			
Typhoid, Para-Typhoid A. & B.	—	—	—
Gaertner, Dysentery, etc.	—	—	—
Diphtheria	1	15	16
Phthisis	1	8	9
Water	—	—	—
Milk :			
T.B. Inoculation sent from Ministry of Agriculture	2	—	2
Routine Samples	—	—	—
Methylene Blue Test	—	—	—
Bacterial Content	—	—	—
Bacillus Coli.	—	—	—
Miscellaneous	3	3	6
	<hr/>	<hr/>	<hr/>
	7	26	33
	<hr/>	<hr/>	<hr/>

Sanitary Circumstances of the Area

Water.

This is supplied by the Chesterfield and Bolsover Water Board. Samples are taken for bacteriological examination frequently and the results are consistently satisfactory. The hardness at the present time is 12% and .15 parts per million of chlorine is added.

Nutrition.

In Bolsover 97.8% of children are entitled to apply for cheap milk, 98% for fruit juices and 63% for Cod Liver Oil, but there has been a great difference between the number of bottles of fruit juices and Cod Liver Oil actually taken,

Only 65% of children obtained fruit juices and 31.5% Cod Liver Oil, although 98% and 63% respectively went so far as to make application.

I understand 3,000 meals, an average of 600 per day, are given to school children every week at the three centres. The meals are excellent.

Housing

Three houses were represented as unfit by me during 1942, two were occupied. The representations were subsequently confirmed by the Council.

Inspection and Supervision of Food

Milk Supply.

52 cowsheds, dairies and milkshops are registered in the district.

No samples of milk have been taken for analysis.

The National Milk Scheme continues to be popular. It is very essential if the nutrition of the children and expectant mothers is to be maintained that they should have extra milk at a cheap rate.

The consumption of National Dried Milk has gone up as the difficulty in obtaining other kinds of dried milk increases. The introduction of half cream milk has been a great boon in the case of some delicate children who are unable to digest full cream milk.

Pasteurization.

Cows milk is a food of exceptional value for the growing child. It contains a well-balanced mixture of fat, carbohydrate, and first-class protein; it is rich in mineral salts, especially calcium and phosphorus; and it contains important vitamins. On the other hand, it is more often infected with germs and more likely to give rise to disease than any other common article of our dietary. Hence arises the double problem of how to improve the nutritional status of the young without spreading milk-borne disease, and how to abolish milk-borne disease without lowering nutritional standards.

Above 5% of farms in this country are sending out milk containing tubercle bacilli and above 20% of milk contains brucella abortus which causes Undulant Fever. "Accredited" milk appears to be as heavily infected with tubercle as ungraded milk, and tuberculin-tested (T.T.) milk is just as heavily infected with brucillus abortus as ungraded milk.

Tubercle bacillus and brucillus abortus get into the milk from the cows udder; germs of the typhoid, food-poisoning and dysentery get into the milk either from the fingers of those handling the milk or from water used in washing the cows udders and milk utensils, etc.

In England and Wales between 1,500 and 2,000 deaths from tuberculosis of bovine origin and 400 to 500 cases of Undulant Fever occur each year.

In my opinion, pasteurization is the only way of rendering the milk supply safe for human consumption. Tuberculosis and Undulant Fever could be avoided by the establishment of tuberculin-tested and abortion-free herds. Since about 40 per cent. of the cattle in this country react to the tuberculin test, and about one in every 200 cows is excreting tubercle bacilli the establishment of sufficient T.T. herds to provide liquid milk for the human population would be an enormous task. The only practicable method at present of providing a safe milk supply is by pasteurization.

The tubercle bacillus is destroyed by a temperature of 145 F. in 5 to 10 minutes and other organisms at a less temperature. In pasteurization the milk is kept between 145 and 150 for half an hour.

Meat and Other Foods.

Meat is still slaughtered and distributed from the Public Abattoir at Chesterfield. The local allocation depots have been discontinued and the meat is now allocated from Chesterfield by the local butchers representatives and distributed direct. Owing to the shortage of feeding stuffs, etc., much of the English meat is below pre-war quality.

Cases of Infectious Disease notified during the Year 1942.

Prevalence of, and control over, Infectious and other Diseases.

Diphtheria.

2 notifications were received. The patients were removed to hospital and both were children under five years.

In spite of war conditions such as rationing and the movement of population from different parts of the country, etc., cases of this disease have diminished very considerably during the last five years as you will see from the following table.

Year.	No. of cases.
1938	35
1939	100
1940	11
1941	7
1942	2

Immunisation proceeded fairly satisfactorily in this area during 1942. By the end of June, 60% of school children and 25% of toddlers were immunised and at the end of December the number had increased to 74% and 47% respectively. The estimated number of school children in the district is 2,659 and toddlers, 1,336.

Not one immunised child developed diphtheria.

Anti-toxin is supplied free to the medical practitioners, and in all cases it is given promptly.

Scarlet Fever.

50 cases have been notified and of these 39 were removed. The disease was of a mild type and the infection, which was almost entirely amongst school children, was localized to the Infants' and Girls' School at Carr Vale.

Undulant Fever.

2 cases were notified. The first, which was a mild one, occurred in October and the other on December 26th. Subsequently the source was traced to two farms in adjoining areas.

Dysentery.

4 cases of Sonne Dysentery occurred in this area in July, and all were children attending a secondary school in an adjoining district. The children became ill between eight and twelve hours after their mid-day meal which had been cooked and eaten at school. The patients were acutely ill for two days but rapidly recovered. There were no deaths.

I understand the food which caused the outbreak was not definitely traced.

Tuberculosis.

The following table gives particulars of new cases of tuberculosis and of all deaths from the disease during the year.

Age Periods in years.	NEW CASES.				DEATHS.			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0	—	—	—	—	—	—	—	—
1	—	—	—	—	—	—	—	—
5	—	—	—	—	—	—	—	—
10	—	—	1	—	—	—	—	—
15	—	—	—	—	—	—	—	—
20	—	—	—	—	—	—	2	—
25	2	2	—	—	1	—	—	—
35	1	—	—	1	—	—	—	1
45	1	—	—	—	1	—	—	—
55	—	—	—	—	—	—	—	—
65 and upwards	—	—	—	—	—	—	—	—
TOTALS ..	4	3	—	1	2	2	—	1

The phthisis death-rate is 0.45 per 1,000 of the population.

The ratio of non-notified tuberculosis deaths to total tuberculosis deaths is 2 to 5.

Tuberculosis in War-time.

Since the commencement of the war, there has been an increase in deaths of 12.1% in this country of persons suffering from tuberculosis. The cause has been attributed to various reasons such as the evacuation from Tuberculosis Hospitals and Sanatoriums in September, 1939, to make room for expected air raid casualties with the consequent return to their homes of numerous patients in an infective state, the institution of blackout which by diminishing ventilation increased cross infection and possibly lowers general resistance, the overcrowding in the homes due to destruction of residential property by enemy action, the evacuation of the public which may have lead to billeting in homes containing infective tubercular persons, and conversely the introduction of tubercular persons into healthy homes, the evacuation of town populations to the country with the result that many children previously supplied with pasteurised milk have had to change over to a raw milk supply, the drinking of tubercular milk, etc.

Also, owing to the demands for more labour, persons who are suffering from the disease and who in peace-time would have had little chance of obtaining employment, are being drawn into industry, and are multiplying the foci of infection. The average number of employees working in factories has increased, thus augmenting the number of those exposed to tubercle bacilli and widening the range of infectivity of any tubercular persons working in the factory. Large numbers of persons who before the war were relatively isolated are entering factories where they meet for the first time conditions which are peculiar to herd life. Not only are they exposed to more infection, but instead of being housed and fed at home they fend, and often indifferently, for themselves. The general resistance of workers in all callings is likely to be lowered by an inadequate amount of rest and recreation resulting from hours of labour necessarily increased in order to meet the needs of war, for fatigue has always been held to be one of the most important pre-disposing factors in tuberculosis.

To deal with the situation it is proposed to take the following steps :—

- (1) the pasteurisation of milk should be extended throughout the country, and where this is not practicable, milk should be boiled.
- (2) mass radiography by which whole groups of persons can have their chests X-rayed.
- (3) more institutional treatment of tuberculosis.
A good deal is now available but cannot be used because of the lack of nurses and domestic staff.
- (4) financial help greater than that obtainable under the National Health Scheme should be made for persons with tuberculosis in view of the prolonged treatment usually required. Re-habilitation should be considered an essential part of the treatment of tubercular persons and arrangements made for the gradual returning to industry of such patients on a basis of part-time or modified work. During such period a supplement to wages should be provided in order that an adequate standard of living can be maintained by the patient and his family.
- (5) General working conditions. It is of the first importance that continual watchfulness should be maintained upon the working conditions of young employees particularly in regard to hours of work, transport difficulties, rest periods, factory canteens and hostel arrangements and their relation to sickness absence.

The following is a table giving the number of new cases of tuberculosis in the Bolsover Urban District during the last five years :—

Year	Non-Pulmonary		Total.
	Pulmonary	Pulmonary.	
1938	5	2	7
1939	4	4	8
1940	1	—	1
1941	6	1	7
1942	6	2	8

VENEREAL DISEASE.

For years the incidence of Venereal Disease in this district has been very low, but since the commencement of the war, there has undoubtedly been an increase in the country. All over England a widespread drive has been made to make people understand the seriousness of the disease and the necessity for adequate treatment. There is no doubt that clean living and self control is the chief way to escape infection. Since the commencement of the war there has been laxity in this respect by numbers of people and, consequently the disease has become more prevalent.

The Government desire that persons should be instructed on the risks of promiscuity and on the duty of seeking early treatment. They have passed a Statute, known as Regulation 33B, making it an offence for persons having Venereal Disease to refuse proper treatment and in certain cases where there is a danger of spreading it to others, as in the case of prostitutes, these persons may be sent to prison.

There is no doubt that increased recreational opportunities for seamen in ports and for industrial centres, where the workers are living away from home, would tend to check Venereal Disease as these persons, having nowhere particular to go in their off duty, get bored and often resort to alcohol and bad company. There is also no doubt that solicitation as it exists in some large towns is a potent cause of Venereal Disease.

The nearest treatment centre for people residing in this area is at the Chesterfield and North Derbyshire Royal Hospital at Chesterfield. The Clinic is open on the following days.

Males : Tuesdays, 4-30 to 6-30 p.m.

Fridays, 2-30 to 4-30 p.m.

Females : Tuesdays, 2 to 4 p.m.

Fridays, 11 s.m. to 12-30 p.m.

Report of Sanitary Inspector

	No. of Inspections made by Sanitary Inspector.	No. of Notices Served.		No. of Nuisances Abated with or without Notice.
		Informal.	Legal	
Closets and Ashpits—				
Defective Privies, Pail Closets and Ashpits ..	—	—	—	—
Conversion of Privies into W.C.'s	—	—	—	—
Conversion of Pail Closets into W.C.'s ..	—	—	—	—
Conversion of Privies into Pail Closets ..	—	—	—	—
Defective Water Closets ..	3	2	—	1
Provision of Additional Water Closets ..	—	—	—	—
Provision of Portable Ash-bins	63	29	—	34
Dirty Closets	—	—	—	—
Drainage—				
No Disconnection of Waste Pipe	—	—	—	—
Defective Waste Pipe, Traps, Inlets and Drains ..	9	8	—	10
Drains Obstructed	264	—	—	264
Other Defects—				
Paving of Courts and Yards	—	—	—	—
Roofs, Eaves-Spouts and Down-Spouts	8	3	1	3
Sinks	3	1	—	1
Insufficient Ventilation	—	—	—	—
Windows	5	2	—	2
Dampness	18	7	1	4
Water in Cellars	—	—	—	—
Water Supply	2	1	—	1
Overcrowding	—	—	—	—
Foul Condition of Houses ..	3	—	—	1
Offensive Accumulations ..	2	—	—	2
Animals improperly kept ..	1	—	—	1
Pigsties	1	—	—	—
Smoke Nuisances	—	—	—	—
Urinals	—	—	—	—
Nuisances not specified above	122	22	1	24
Totals ..	504	75	3	348

		Number on Register.	Inspections Made.
Dairies, Cowsheds and Milkshops ..	..	52	—
Bakehouses .. ..	..	2	6
Slaughterhouses .. ..	..	7	12
Offensive Trades .. ..	..	1	—
Common Lodging-houses .. ..	..	—	—
Totals ..	..	62	18

